



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		
NAME(Last) HORIOUCHI BELL	(First) ANNE	(Middle) T. TELEPHONE 808-547-5600
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1800		FAX 808-547-5880
(City) Honolulu, HI	(State) 96813	(Zip Code)
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Goodsill Anderson Quinn & Stifel		TELEPHONE 808-547-5600
MAILING ADDRESS (Street) Same as above.		FAX
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) DISTILLED SPIRITS COUNCIL OF THE UNITED STATES	TELEPHONE 202-628-3544	
MAILING ADDRESS (Street) 1250 I Street NW, Suite 400	FAX 202-682-8849	
(City) Washington	(State) DC	(Zip Code) 20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Courtney Armour		TELEPHONE 202-682-8802
MAILING ADDRESS (Street) Same as above.		FAX 202-682-8849
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne J. Stuchlik-Bell

(Signature of Lobbyist)

1/9/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Mark Gorman, Senior Vice President Government Relations

NAME OF ORGANIZATION (if applicable)

1250 I Street NW, Suite 400

TELEPHONE

202-628-3544

MAILING ADDRESS (Street)

Washington

DC

20005

FAX

202-682-8849

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Mark Gorman
(Signature of Authorizing Officer or Person Represented)

01-08-07
(Date)